

DISABILITY VERIFICATION

TO: (Name and address) _____

DATE: _____
TELEPHONE #: _____
FAX #: _____

APPLICANT/PARTICIPANT NAME: _____
SOCIAL SECURITY #: _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____
Project Owner/Management Agent

RETURN THIS FORM TO

Special consideration in subsidized rental housing is authorized by law to individuals or families of individuals with a physical handicap or disability. For the purpose of qualifying for special consideration, the definition for the handicapped or disabled individual are:

- A handicapped person is one who has a physical impairment which is expected to be a long-continued and indefinite duration, substantially impedes the person's ability to live independently, and is of such a nature that such ability could be improved by suitable housing conditions.
- A disabled person is one who has an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or which can be expected to last for a continuous period of not less than twelve months.

I hereby authorize release of any information requested by the property manager regarding my income, assets, and allowances.

Applicant/Resident Signature

TO BE COMPLETED BY THE APPLICANT'S PHYSICIAN

☐ Yes ☐ No In my opinion, _____ does meet one or both of the definitions stated above.

Signature of Physician Verifying Information: _____ Telephone: _____

Title: _____ Date: _____